

BAY AREA

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MEDICAL AID TO INDOCHINA

Medical Aid to Indochina is a national organization whose purpose is to aid the people of Indochina in their struggle to survive in the face of American violence. Their struggle is still going on, in spite of Nixon's "peacemaking." The national headquarters of Medical Aid to Indochina (MAI) are located in Cambridge, Mass., and are a center through which passes money, medical equipment and supplies, medical textbooks and journals to aid the people of the Democratic Republic of (North) Vietnam, and the liberation forces in South Vietnam, Laos and Cambodia. Medical Aid was begun at the specific request of the DRV, and to date has supplied over \$100,000 worth of aid.

In outraged response to the carpet bombings of North Vietnam last Christmas, the Cambridge office launched a drive to raise \$3 million to rebuild Bach Mai Hospital. Bach Mai was the largest hospital in the North, and was destroyed by the Christmas B-52 raids. MAI has placed newspaper ads, held press conferences, and staged musical benefits to raise money to rebuild this facility.

In keeping with MCHR's history of anti-war work, the Bay Area chapter has had a functioning MAI committee since November. We recognize the importance of complying with the requests of the Indochinese people for medical aid. We believe that along with raising money, we also have to talk to people in this country about the war, and the reasons for the war.

What We Learned from the War

Americans who have been fighting in this country against the war in Indochina have been able to make an important leap in awareness. We had to find out why our government is involved in Indochina, and exactly whose interests the war has served.

Answering these questions has made us aware of imperialism. We found that Vietnam is not isolated from what our government is doing all over the world and at home. What our government is doing in Indochina serves the interests of the ultimate powers in this country, the giant corporations. They need raw materials and cheap sources of labor for manufacturing, and they need new markets where they can sell consumer goods and military hardware. A network of neo-colonies around the Pacific and all over the world supplies these needs.

In the colonized nations of the third world, there are resistance movements which say that the control of natural resources, land, and economic power in their nations belongs to the people who live there, not to American business and military. Vietnam has shown us that a

united people can successfully resist the imperialists and take control of their own destiny as a nation.

MCHR/MAI supports national liberation movements in Indochina by raising money and supplies for medical aid, and by attempting to spread awareness of imperialism in this country. We see that the act of giving money to aid the forces which our government is trying to wipe out is a significant political step: a conscious statement of opposition to our government's policies. It can be the first step in a process of commitment to the people's movements in Indochina, and can lead to more involvement in the struggle in this country.

What We've been doing

To achieve our two aims of raising money and supplies and spreading awareness, we cooperated with workers and students in local health institutions to organize educational programs in those institutions. The programs included speakers who had recently returned from the north of Vietnam. We also asked members of the Union of Vietnamese in the U.S. and members of the Vietnam Veterans Against the War to participate in our programs. Film showings and literature tables have been set up. Medical Aid literature tables have been set up daily at U.C.S.F. and on weekends at the Co-ops in Berkeley. At the tables there are books about Vietnam and the other nations of Indochina, and literature from national and local MAI. There are also collection cans for the purchase of books and for donations to MAI. Someone is always at the tables to talk to people who are interested in the situation in Vietnam, and about MAI.

Also in Berkeley, there is a petition campaign starting on January 30, to place an initiative measure on the April ballot which will direct the city of Berkeley to allot \$10,000 to Medical Aid to Indochina, in reparation for war crimes committed against the Vietnamese people by the U.S. government.

What peace means

The signing of the peace agreement of January 27 may mean that people in Vietnam are no longer being killed by American bombing raids. But it does not mean that Americans who have been supporting the struggle of the Vietnamese people for independence and freedom should stop working.

We must keep ourselves informed about events in south Vietnam. Thieu, the U.S.-supported dictator of the Saigon government, has stated that he expects the Communists to break the cease-fire, and that his soldiers are



maintaining their positions while the cease-fire is on. The U.S. is maintaining economic support of Thieu, and 10,000 "civilian advisors" in the south. We must take responsibility for knowing about our government's activities there, and make sure that the peace agreement is adhered to.

We are aware that there are tens of thousands of Vietnamese people in prisons in the south of Vietnam, whose only crime is advocating peace or neutrality—which makes them political enemies of the Thieu regime. These neutralist forces would be the leadership of a pivotal faction which can overturn Thieu politically, should elections take place. That is why he has imprisoned them, and that is why their lives are in danger. We must also make it plain that we denounce Thieu's use of intimidation and terror to silence his political opposition, and demand that our government stop supporting such a regime.

Also, we know that the end of U.S. military involvement in Vietnam does not mean the end of U.S. economic and military intervention all over Indochina, in other parts of the Pacific, in Africa and South America. Bombs are still falling on Laos and Cambodia; the U.S. is still supporting puppet dictators in Cambodia, South Korea and the Philippines. Our government is still attempting to crush people's movements for national liberation all over the world. We must continue to talk about these people's struggles, and find ways of aiding them.

Medical Aid to Indochina will continue our efforts to aid the Indochinese people materially by raising money and collecting supplies. If you are interested in participating in this work, or in donating money, contact:

on the peninsula, Francois d'Heurle, 1233 Mills St., Menlo Park 94025
in the East Bay, 1735 Allston Way, Berkeley; phone 843-8825
in San Francisco, MCHR, 558 Capp St., 94110, phone 824-5888
the national office: 140 Sixth St., Cambridge, Mass. 02142

Organizing Around the Prison Health System — Inside & Out

From any prisoner in a total institution (county jail, city, state or federal prison, mental hospital or juvenile authority) you can always be sure that a major complaint will be about the medical care system. Since the people inside are the same people that the nation's health system abuses—the poor, the black and third world, and women—it should come as no surprise that they are grossly abused by the prison health system. In every prison rebellion across the country and most recently here in California at Soledad, Folsom, San Quentin and Vacaville, the demand for decent medical care is raised. Prisoners see medical care as one of many human rights that they must struggle to obtain, rights that are denied them by the various Departments of Corrections. The very survival of prisoners, especially those actively struggling against repression in the prisons, is at stake.

Cruel Health Care

How many prison organizers have been denied medical care as a form of intimidation? According to the prisoners we have worked with, denial of medical care is one of the most frequent punishments for organizing in prison. Recent headlines in Alabama cite the superior court's decision that the State prison medical system constituted cruel and unusual punishment and was in fact unconstitutional.

The system that passes for medical care in prisons reflects the worst aspects of the health care system in the general population. There is virtually no prisoner input into health services, the level of care is worse than in the rural or ghetto areas and there is no review process by licensing agencies or medical societies. Thus the professionals can amass great power and virtually do as they please. The detrimental and punitive effects of racism, sexism and professionalism among many of the doctors has been documented in Congressional Hearings, the Keldgord Report, the Black Caucus report (Dymally Report) and other investigations. MCHR across the country has consistently tried to show the parallel between health care in prison and the forces at work outside the walls to control health care. Our prison investigations in the past have exposed the "needless deaths" in the San Francisco County Jails in 1969 and the "wrongful deaths" in state prisons.

Legislative Investigation

Public furor over Vacaville, the MPDU (Maximum Psychiatric Diagnostic Unit), use of prisoners for drug experimentation, threats of psychosurgery and lobotomy and, most importantly, the struggle of the convict class themselves forced the California Legislature to look critically at the Prison Health System. The Assembly Select Committee on Prison Reform and Rehabilitation investigated seven state prisons including the Women's prison at Frontera. The Committee consists of assemblymen Walter Karabian (chairman), Ken Meade (vice-chairman), Leon Ralph, James Hayes, and Robert Beverly. Two consultants, Jerry Haleva and Ida Casillas, as well as two researchers, Robin Springer and Nicholas Mangieri, make up the other members. There were no medical workers on the committee, despite pressure from prison groups to have them included. In February 1972 they began talking with prisoners, administrators, professional staff and wardens from the seven institu-

tions to investigate the availability of medical services. They focused on the Prison hospitals and published their report, "An Examination of California's Prison Hospitals" in November 1972. (Known as the Karabian Report, it is available from Sacramento.)

Findings of Karabian Report

The report confirmed many of the allegations of prisoners throughout the years as to the unavailability of medical care. In general the Committee summarized its findings around nine issues.

1. *The Hospital (physical plant):* Focusing on the dismal, oppressive atmosphere of the rooms and the health hazards of the buildings, the staff noted that "the surroundings are not conducive to recuperation, and possibly could retard recovery."

2. *Cleanliness and Sanitary Conditions:* "The Committee's overall impression of the hospitals was that they did not possess the customary antiseptic qualities normally expected... nor did they impart any aura of overall cleanliness." The Committee singled out Vacaville and Folsom as being particularly bad; they commended Chino and San Quentin.

3. *Staff Attitude and Behavior:* A consistent complaint was that the entire medical staff, MTA's (medical technical assistants), Nurses and Physicians were "apathetic toward inmates with medical problems." The Chief Medical Officer at Folsom, Dr. Rosendale, "appeared to embody most of the undesirable qualities of a member of a hospital staff." In the section of the report about Folsom, the Committee goes into the case against Dr. Rosendale in depth. "... the name of Dr. Rosendale and the reputation of the hospital at Folsom is known and vilified throughout the prison system." Typical complaints against him were that "he would override other doctor's orders; would not adequately diagnose or treat a patient who was a disciplinary problem at the prison; and very frequently would try to impress his own religious beliefs on inmates by telling them that faith would heal their medical ailments."

4. *Medical Equipment:* "Virtually all of the hospitals lack much of the basic equipment so vital to a hospital and that some of the equipment was not operable."

5. *Medical Procedures:* These findings focused on the procedures prisoners must go through before seeing the doctor and the "poor response to an emergency situation."

6. *Psychiatric Services:* Psychiatric services within California's prison system are, for all intents and purposes, a nonexistent entity." There are 13½ psychiatrists for roughly 8,000 inmates at six institutions.

7. *Use of Consultants:* All of the prisons have some form of medical consultation service ranging from excellent at some prisons (according to the Committee) to sporadic at Folsom.

8. *Inmate Training and Utilization:* "The underutilization and the improper utilization of inmates in the prison hospitals has long been a topic of discussion..." "All of those institutions visited, with the exception of San Quentin, have inadequate programs in this area."

9. *Diets of Inmate Patients:* "Although it is uniformly recognized in the medical field that a patient's diet can be just as vital toward his recovery as his initial treatment, this aspect of medical procedure is virtually ignored."

Recommendations

The Report then analyses the seven institutions from the vantage point of the above nine issues, out of which thirteen recommendations are made to the legislature. There are no provisions for implementing the following recommendations.

1. *Doctors' Salaries* should be increased to be commensurate with that received by outside physicians.

2. *Additional psychiatrists* are needed in all institutions "especially those institutions specifically charged with rendering psychiatric care."

3. *Equipment Needs:* The Committee recommends increasing the amount of equipment and in this section includes a statement that it apparently didn't have place for anywhere else: "In addition, there is no valid justification for hampering the well-meaning efforts of doctors and their technical staffs in the pursuit of their duties."

4. *Emergencies:* A manual of emergency procedures and dry runs to assure maximum compliance are recommended with the proviso that the chief medical officer should make sure that emergency equipment is operable.

5. *Construction and Renovation:* Construction of two more departmental hospitals and a 50-bed reception center at California Mens Colony East are recommended. The report also expresses wonder why "bright and cheery surroundings" should be considered "coddling" in a prison hospital.

6. Inspection of Hospitals:

a. "Prison hospitals should come under the same scrutiny as medical facilities in the community. The adoption of AB 1977, authored by Assemblyman Karabian, is a step in the right direction. It provides that the State Department of Public Health be required to inspect prison hospitals and report annually to the Legislature. Under the present system, prison hospitals are not required to undergo any inspection as to their cleanliness or sanitary condition. The Committee feels frequent inspections are a necessity.

b. It is strongly recommended that an impartial panel of outside doctors survey the hospitals to assess their needs and to cite areas that require corrective actions. Specific attention should be paid to the quality of medical care being offered, as this report was only able to deal with the availability of medical services."

7. *Utilization of Consultants:* Increased utilization, especially in emergencies, and involving the medical resources of the universities is recommended.



8. *Inmate Training*: "The Department of Corrections should implement more extensive training for inmate hospital workers. . . ."

9. *Human Relations Classes*: All staff, including doctors, should participate in mandatory human relations classes at all institutions.

10. *Ombudsman*: Recognizing the inmates' position "to attract potential abuses from their keepers . . ." the report recommends legislative approval of the ombudsman bill to investigate and respond to inmate complaints.

11. *Procedural Guidelines*: "The Department of Corrections should set up definite guidelines for the M.T.A.s and nurses to follow in examining and treating inmates. Failure to comply with these guidelines should make them subject to disciplinary action."

12. *Use of Custodial Staff*: "Correctional officers should not be allowed to dispense medication to inmates as they have had no medical training. An M.T.A.'s duties should include dispensing of medication and if additional M.T.A.s are required, they should be hired."

13. *Diet Lines*: "The Committee recognizes the difficulty in having special diets on the regular food line for a limited number of inmates. However, it is felt that if the services of a main hospital are used, as opposed to the individual hospitals, a more effective dietary schedule could be maintained."

CCPO Action

The Coordinating Council of Prison Organizations (CCPO), a coalition of over 40 groups involved in prison work in the Bay Area discussed the Karabian report at their regular meeting. The CCPO includes representatives from most of the black and third world self-help groups, Prison Law Collective, MCHR, Prison Law Project, American Friends, Committee for Prisoner Humanity and Justice, Prisoners' Union, United Prisoner Union, and various church groups, who meet every other week to coordinate, discuss, and criticize ongoing prison work. While recognizing that improving the medical system is only a small part of the struggle in the prison movement and is clearly impossible in a fundamental way until the Department of Corrections is abolished, CCPO mandated MCHR's prison committee to assist prison groups to use the Report and its recommendations as organizing tools.

We helped organize a health group from CCPO representatives, met and decided at first to find out what the legislators and the Select Committee were doing about implementing their investigation. After several discussions, it became apparent that they were going to do absolutely nothing, but would support other "respectable organizations" efforts to implement the recommendations. We then launched a media campaign especially in Sacramento to demand that the legislators begin to correct the Prison hospital system. The Prisoners' Union in particular is adamant in calling for the firing of Dr. Rosendale from Folsom. MCHR volunteered to provide an outside panel of health workers and doctors to staff inspection teams, but Corrections declined our offer.

CMA Support

We then decided to focus on Recommendation 6, the inspection of the prison hospitals by an outside panel. Representatives from MCHR, the Prison Law Project, and the Prisoners' Union approached the San Francisco Medical Society to initiate such an investigation statewide. After

several meetings with them and representatives of the state medical society, Dr. David Sachs and Dr. Sandy Feldman agreed to try to organize statewide prison hospital investigations, using the California Medical Association's task forces and committee structure. MCHR doctors provided CMA with many letters documenting medical abuse, which were crucial to gaining its support. The S.F. branch of the CMA will introduce the following resolution to the State Medical Association in March:

CMA RESOLUTION ON MEDICAL CARE IN CALIFORNIA CORRECTIONAL FACILITIES

WHEREAS the Select Committee on Prison Reform and Rehabilitation of the California Assembly (State Legislature) called for "an impartial panel of outside doctors" to survey the hospitals of the California Correctional facilities "to assess their needs and to cite areas that require corrective actions," and recommending that "specific attention should be paid to the quality of medical care being offered" (Recommendation #6 of the Committee's Report, "An Examination of California's Prison Hospitals, November 1972); and

WHEREAS complaints regarding medical services in California Correctional facilities have been received by the California Medical Association from both physicians and from prisoners, and

WHEREAS the California Medical Association has been active in the development of standards for appraisal of the quality of medical care and has through the work of its Medical Staff Survey Committee been nationally recognized for its hospital survey, now

THEREFORE BE IT RESOLVED that the California Medical Association inquire into the patterns of medical care and facilities of the California Department of Corrections.

MCHR's Role

Members of the MCHR prison committee will testify at the CMA's annual meeting in Orange County and will work closely with L.A. and San Diego MCHR. There is every indication that the CMA resolution will pass and we are preparing a short pamphlet and other educational material for MCHR prison committees in southern California to use in talking to Medical Society doctors. Moreover, after the resolution passes, MCHR and CCPO will work closely with the investigating task force. This will insure convict representation on the committees and will enable the health organizing inside the prison to link up with health organizing on the outside. In addition to this we will be continuing to gather information about the prison health system and organize locally if the statewide investigations are coopted or never get off the ground.

MCHR members interested in further information or in finding out what else the Prison Health Committee is doing should call the office—leave your name and number for one of us to get in touch with you.



A LETTER TO HLN READERS

As you read this letter a vicious new attempt to control poor people who are addicted to heroin is being set up in S.F. It is a Federal Law Enforcement Assistance Administration program and it is called TASC (Treatment Alternatives to Street Crime).

The program calls for heroin addicts, when they are arrested, to be offered a "choice" to stay in jail and await a trial or "volunteer" to become a methadone addict and get out of jail.

In the July 1972 issue of HLN, I wrote about methadone maintenance as legal dope, so there's no need to repeat the arguments here.

I'm asking all of you who read this to contact the MCHR office (824-5888) or the Drug Research Project, doing the main organizing against this TASC trip, to help build a health worker group to oppose this new form of methadone madness. We are eager to talk to anyone who wants more information, literature or a speaker to come to your group.

Don Goldmacher

FARMWORKERS vs SAFEWAY

The Interfaith Committee to Aid the Farm Workers has sued Safeway for \$7½ million. The charge: illegal and fraudulent labeling of ground meat. Testing meat from Safeway stores in the Los Angeles area, the Committee discovered that "lean" meat, selling 20-30 cents more a pound than the regular grind, in some stores has a higher fat content than the cheaper grade and that the "extra lean," selling 30-50 cents more, has a higher fat content than the "lean." These findings were confirmed by USDA certified meat chemists in independent laboratory analyses. They found no significant difference in the fat content of the different labeled grades.

Under a court order handed down last November, Safeway was ordered to give honest information on the fat content of its ground beef. But recently 43 stores in the Bay Area were checked for compliance with this order and all were found to be violating it. As a result, contempt of court charges have been filed against the agribusiness corporation.

In this ripoff Safeway not only adds to its fat profits but risks the health of people who are restricted to a low-fat diet. Buying the higher priced meat, these patients think they're protecting their health without knowing they've been tricked into buying an expensive label.

Safeway ranks among the largest corporate opponents of the Farmworkers Union. They have refused to negotiate with the union and continue to sell nonunion lettuce. Because of this, farmworkers are calling for a "Boycott Safeway." The reasons underlying Safeway's opposition to the Farmworkers Union are essentially the same as those underlying their fraudulent advertising of ground meat—profit. If the consumers do not see that it is in their long range interest to support the aims of the Farmworkers Union, then the fraud against their immediate interests should be an independent reason for boycotting Safeway.



EAST BAY MCHR ORGANIZES

East Bay MCHR members are holding an organizational meeting on February 21, Wednesday, at 7:30 p.m. in the upstairs meeting room of the University Avenue Coop, at Sacramento & University in Berkeley.

All health workers, students and community people interested in learning about working to change our health care system are invited to attend. MCHR's national and local history will be discussed. The meeting will then break down into small groups to consider special areas of concern, such as prison health, medical aid to Indochina, workers in health institutions and the development of an East Bay action project. Future plans will be decided on the basis of these discussions.

"Health War," a film about health care in North Vietnam will be shown.

PEOPLES LAW SCHOOL INCLUDES HEALTH CLASSES

The Peoples' Law School opens its winter session this February. Included in the curriculum is a series on "You and the Health Empire," with the following schedule of classes:

Feb. 17 WHAT TO DO BEFORE YOU GET SICK: THE HEALTH CARE ALTERNATIVES

How Kaiser, Blue Cross, MediCal and union health plans really work. Learn what is covered and what is not. What rights do you have if you join one of these programs?

Resource people: Beth Harding, lecturer, UC School of Nursing
Steve Cummings, med student
Jeannette Harris, ex-union health plan worker

Feb. 24 WHAT TO DO AFTER YOU GET SICK: PATIENTS' RIGHTS

What can you do if a hospital refuses to treat you? Do you have a right to know what's really wrong with you, and what your treatment options are? What can you do when a doctor claims he has cured you but you know he hasn't?

Resource people: Ken Barnes, MD, SFGH
Patricia Rennpage, Neighborhood Health Worker
Berkeley Women's Health Collective
Lisa Keller

Mar. 3 Berkeley Women's Health Collective METHADONE: JAIL WITHOUT WALLS

The federal government has developed a strategy to stop the heroin and crime syndrome: bust the pushers, put the users on methadone. Our workshops will explore a different perspective on the drug problem: why there is so much heroin on the streets, how the courts and methadone are being used to control poor people, and what alternatives are possible to stop the use of deadly drugs.

Resource people: Sharon Gold, Community Law Firm
Don Goldmacher, M.D.

These classes will be held at the Seventh Avenue Presbyterian Church, 1329 - 7th Ave. (at Judah) Saturdays, beginning at 12 noon. All you have to do to register is attend class. Everyone is welcome.

Peoples' Law School is a self-supporting project of the Bay Area Chapter of the National Lawyers Guild. There's no tuition, no grades, no degrees. Your donations support this free educa-

tion in legal survival. If you want more information or have suggestions about the class, contact:

Stephen Richardson
Peoples' Law School
558 Capp
S.F. CA 94110 285-5066

PHYSICIANS WANTED

The Humboldt Open Door Clinic, in Arcata, wants a fulltime doctor. The salary is negotiable. For further information, contact:

Ira Blatt
P.O. Box 367
Humboldt Open Door Clinic
Arcata, California
Tel: 707-822-2956

Your Clinic in Chico needs a doctor for two or more nights a week. Salary: about \$5,000. For information, contact:

Alex Blonna
Your Clinic
P.O. Box 3222
Chico, California 94926

GP or family care physician needed by small community with no doctor for 50 miles in northern California. Community people very eager to help with all needs of person interested. For information contact:

Sherry Black
c/o Rattlesnake Farm
P.O. Box 588
Laytonville, CA 95454
Tel: (707) 984-4431

BAY AREA CHAPTER REORGANIZES

The Bay Area chapter of MCHR has recently reorganized into project areas. Current projects are: Medical Aid to Indochina (MAI), prisons, institutional organizing, East Bay and the newsletter. New projects can be proposed by individuals or groups for consideration by the coordinating committee and general membership meetings.

Representatives from each project will rotate to make up the coordinating committee, which is responsible for proposing and reviewing programs and setting priorities. This changing composition will give the chapter the advantage of input from all actively involved members.

Call the office to get plugged into a project—824-5888. All members are invited to join one or more.

Financial support for the office and staff comes primarily from monthly pledges, currently paid by 15 MCHR members. Others wishing to give their support in this way are welcome and needed.



"They say he's one of the greatest surgeons around, but he's not going to fool around with my insides."

CALENDAR OF EVENTS

- 2/21—Wed. East Bay MCHR Meeting
Agenda: Organizing
Action projects
Film showing:
"Health War"
Place: University Ave. Coop, University & Sacramento, Berkeley
- 2/22—Thurs. General Membership Meeting
Agenda: Project reports
Place: 2519 Pacific, S.F.
- 3/2—Fri. Video tape on "Nixon and the Mafia," in a joint presentation with Layers Guild, Drug Research Project and Health/PAC West
Place: 2519 Pacific, S.F.
- 3/11—Sun. Educational on "Methadone in the TASC" (Treatment Alternatives to Street Crime)
Speakers: Sharon Gold, Lawyers Guild & Drug Research Project
Don Goldwacher, MCHR West
Place: Community Music Center (auditorium)
544 Capp (bet. 20-21) S.F.
The public is invited.
- 3/15—Thurs. General Membership Meeting
Agenda: Health/PAC
Place: 2519 Pacific, S.F.
- All the above meetings start at 7:30 p.m.
- 3/23-25 Student Nurses Assn. of Calif. (SNAC) Convention, Jack Tar Hotel (Geary & Van Ness) Registration \$7 a day but worth it. A number of concerned nursing students from all over the state will do educational work and caucus about various issues, especially the recent cutbacks in nursing, nursing ed. funds and Calif. health programs. For more info or to help with this work, call Steve, 652-1939 (h) or MCHR, 824-5888 to leave message.
- 4/13-15 National MCHR convention in St. Louis, Mo.
Agenda: Directions for MCHR Election of national officers

MCHR MEMBERSHIP

Please clip and return to MCHR, P.O. Box 7677, S.F. CA 94119

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____

Job _____ Where? _____

☐ I would like to join MCHR.
Enclosed are dues of \$ _____

☐ I am making a contribution of \$ _____ to MCHR.

☐ I pledge \$ _____ each month to MCHR, beginning _____

FAIR SHARE DUES SCHEDULE (please check proper box)

| INCOME | % OF INCOME | CONTRIBUTION |
|----------------|-------------|----------------|
| up to \$5,000 | .1% | \$8 _____ |
| up to \$10,000 | .2% | \$10-20 _____ |
| up to \$15,000 | .3% | \$30-45 _____ |
| up to \$20,000 | .4% | \$60-80 _____ |
| above \$20,000 | .5% | \$100 up _____ |

☐ I would only like to subscribe to Health Liberation News. Here's \$3.

☐ I would only like to subscribe to Health Rights News. Here's \$5.

☐ I would like more information on MCHR's _____ project.

Dues and contributions are tax-exempt.